

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Milton D.

GOLDENBERG

Title:

INTRAOPERATIVE, INTRAVASCULAR AND ENDOSCOPIC TUMOR AND

LESION DETECTION, BIOPSY AND THERAPY

Prior Appl. No.: 09/348,818

Filing Date: 03/04/2002

Examiner:

Unassigned

Art Unit:

1616

DIVISIONAL PATENT APPLICATION TRANSMITTAL LETTER

Commissioner for Patents Box PATENT APPLICATION Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

[] Continuation [X] Division [] Continuation-In-Part (CIP)

of the above-identified co-pending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this divisional application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying divisional application and is hereby incorporated by reference therein.

[X] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- [X] Specification, Claim(s), and Abstract (55 pages).
- [X] Informal drawings (2 sheets, Figures 1-2).
- [X] Declaration and Power of Attorney (2 pages).
- [X] Small Entity statement.
- [X] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed		ncluded in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$740.00		\$740.00
Total Claims:	98	-	20	-	78	×	\$18.00	=	\$1,404.00
Independents:	7		3	= .	4	×	\$84.00	=	\$336.00
If any Multiple Dependent Claim(s) present: + \$280.00								=	\$0.00
Surcharge under fee	r 37 CFR 1.	16(e)	for late pa	ymen	t of filing	+	\$130.00	=	\$130.00
							SUBTOTAL:	=	\$2,610.00
[X]	Small Entity Fees Apply (subtract ½ of above):							=	\$1,305.00
					TOT	AL F	ILING FEE:	=	\$1,305.00

- [] A check in the amount of \$0.00 to cover the filing fee is enclosed.
- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date March 4, 2002

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